

FORM PTO-875 (REV. 1-86)	U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE	SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">103312</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">10-1-87</div>
PATENT APPLICATION FEE DETERMINATION RECORD		APPLICANT (FIRST NAMED) <div style="font-size: 1.2em; font-family: cursive;">Urai</div>	

CLAIMS AS FILED - PART I

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	7	--20-- *
INDEP. CLAIMS	2	--3-- *
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in col. 1 is less than zero, enter "0" in col. 2

SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">FEE</th> </tr> <tr> <td></td> <td style="text-align: right;">\$170</td> </tr> <tr> <td>X8 =</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>X17 =</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>X55 =</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>TOTAL</td> <td style="text-align: right;">\$</td> </tr> </table>	RATE	FEE		\$170	X8 =	\$	X17 =	\$	X55 =	\$	TOTAL	\$	OR OR OR OR OR OR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">RATE</th> <th style="width: 50%;">FEE</th> </tr> <tr> <td></td> <td style="text-align: right;">\$340</td> </tr> <tr> <td>X12 =</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>X34 =</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>X110 =</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>TOTAL</td> <td style="text-align: right;">\$340</td> </tr> </table>	RATE	FEE		\$340	X12 =	\$	X34 =	\$	X110 =	\$	TOTAL	\$340
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CLAIMS AS AMENDED - PART II

	(1)	CLAIMS REMAINING AFTER AMENDMENT	(2)	HIGHEST NO. PREVIOUSLY PAID FOR	(3) PRESENT EXTRA
AMENDMENT A					
	TOTAL	7	MINUS	20	-
	INDEP.	2	MINUS	3	-
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					

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	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
AMENDMENT B			
	TOTAL	-	-
	INDEP.	-	-
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			

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	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
AMENDMENT C			
	TOTAL	-	-
	INDEP.	-	-
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			

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* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1.